

CITY OF WINONA - Protective Inspection Department
 207 Lafayette Street, Winona, MN 55987
 (507)457-8231; FAX (507)457-8212

ROOFING PERMIT APPLICATION

(Please print or type)

PERMIT NO. _____

Receipt # _____

Property Address: _____

Suite/Unit No. _____

Applicant is: Owner Contractor Other

Property Owner: _____ Phone No.: _____

Address: _____

Contractor: _____ Phone No.: _____

Address: _____

State License No.: _____

City Contractor No.: _____

Brief Description of Work: _____

Job Cost: _____ Credit Card Cash Check

The undersigned hereby makes application for a building permit and understands work cannot start without a permit; agrees that all work will be done in compliance with the State Building Code, City Ordinances and approved plans.

Applicants Signature _____

Date _____

Permit	59.00
Plan Review	_____
Surcharge	5.00
TOTAL	64.00

Approved by _____ Date _____

Ownership: (1) Private (2) Public

CLASS OF WORK: NEW FOU REM DEM REPAIR REPLACE ADD

USE TYPE:

Residential:

- | | |
|--|--|
| <input type="checkbox"/> single (101) | <input type="checkbox"/> condo (106) |
| <input type="checkbox"/> two-family (103) | <input type="checkbox"/> single attached (102) |
| <input type="checkbox"/> 5 or more (105) | <input type="checkbox"/> 3-4 family (104) |
| <input type="checkbox"/> garage, carport, shed (438) | <input type="checkbox"/> hotel, motel (213) |
| | <input type="checkbox"/> mobile home (401) |

Nonresidential:

- | | |
|---|--|
| <input type="checkbox"/> amusement, recreational (318) | <input type="checkbox"/> office, bank, professional (324) |
| <input type="checkbox"/> church, other religious (319) | <input type="checkbox"/> public utility (325) |
| <input type="checkbox"/> industrial (320) | <input type="checkbox"/> schools, other educational (326) |
| <input type="checkbox"/> parking garage (321) | <input type="checkbox"/> stores, mercantile (327) |
| <input type="checkbox"/> service station, repair gar. (322) | <input type="checkbox"/> other nonresidential (328) |
| <input type="checkbox"/> hospital, institutional (323) | <input type="checkbox"/> structure other than bldgs. (329) |